

Property Address: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Applicant No. D20- \_\_\_\_\_  
Box is for Staff Use Only



Phone: 201.547.5010  
Fax: 201.547.4323

# Demolition Permit Instructions

At present, the Historic Preservation Officer reviews all applications for demolition throughout the City in order to establish if the building or structure contains historic, cultural, and/or architectural significance. This review is conducted in compliance with Chapter 105 of the City Code entitled *Building Demolition*. There will be a \$100 fee due, payable to the City of Jersey City at the time of application. Please note: the property owner's signature must match the tax card, or a copy of the deed is required.

## Please submit the following:

1. A map, site plan or survey showing location of structure on property, with reference to neighboring properties.
2. Photographs of all street façade elevations and significant features on that block's frontage. (Google street views are NOT accepted)
3. Demolition permit application for staff signature (obtainable in Building dept.)
4. Demolition permit application jacket, for staff signature (obtainable in Building dept.)
5. Any and all documents required by the Construction Code Official

Staff will review these requests on a first in / first out basis and provide a memorandum to the Construction Code Official regarding the significance of the building as soon as their research is complete. In extraordinary cases, it might be advisable to have staff of the Historic Preservation Office visit the building if the photographic or cartographic evidence is unclear.

All demolition applications will be certified as complete or incomplete within 10 business days of submission. All applications will be reviewed and reported on within 45 days of the application being deemed complete.

Please fill out the information below and include this sheet with the required documentation.

Property Owner's Signature: \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Ward: \_\_\_\_\_

Name & Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_